

# CLAIMS ONLY

Application Number

10 / 775 464

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1		2			
Total Depend	14		13			
Total Claims	15		15			
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Total Depend						
Total Claims						